

Figure SC810.F38. "Evidence Required in Support of a Claim for Occupational Disease"
ChecklistEvidence Required in Support of a Claim
for Occupational DiseaseU.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE		FROM EMPLOYING AGENCY	
1. Give a detailed description of factors of employment believed responsible for condition. Be specific as to the duration and nature of the factors: for instance weights carried, distances walked, chemicals used, or other relevant job factors.		5. Review and comment on employee's statement provided in response to item no. 1.	
2. Give the history of the condition from first awareness of the problem. Include description of all home treatment and professional care as well as symptoms.		6. If employee's job differs from official description, describe exactly his/her duties.	
3. Describe any prior similar problem, with dates of onset, history, medical care received, and copies of the medical records of your treatment.		7. Give a day-by-day listing of leave and leave without pay used due to this condition.	
4. Attach or forward a medical report from your physician to include the following items:		8. Attach copies of the employee's:	
a. Dates of examination and treatment.		a. SF-171, Application for Employment.	
b. History given by you.		b. Position description with physical requirements.	
c. Detailed description of findings.		c. Pertinent dispensary records.	
d. Results of all diagnostic tests.		d. Most recent SF-50, Notification of Personnel Action.	
e. Diagnosis.			
f. The clinical course of treatment followed.			
g. Doctor's opinion, with reasons for such opinion, as to the relationship between any condition you may now have and the factors of employment identified in item no. 1 above.			